

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V24893

1. Entity Name

S & S TROPHY MANUFACTURING, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90064 017 ***150.00

Principal Place of Business

437 E. ATLANTIC BLVD.
STE 4
POMPANO BEACH FL 33060
US

Mailing Address

437 E. ATLANTIC BLVD.
STE 4
POMPANO BEACH FL 33060-6262
US

2. Principal Place of Business

4350 N.W. 43RD ST.

3. Mailing Address

P.O. BOX 466

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

COCONUT CREEK FL

City & State

BILLY, MS.

4. FEI Number

65-0325819

Applied For

Not Applicable

Zip

Country

33073 US

Zip

Country

39533 US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, HOWARD F.
437 E. ATLANTIC BLVD.
STE 4
POMPANO BEACH FL 33060

Name

FOSTER, HOWARD F.

Street Address (P.O. Box Number is Not Acceptable)

4350 N.W. 43RD ST.

City

COCONUT CREEK

FL

Zip Code

33073

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE HOWARD FOSTER

Signature, typed or printed name of registered agent and title if applicable.

Howard Foster

(NOTE: Registered Agent signature required when reinstating)

4/11/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	FOSTER, HOWARD F.	
STREET ADDRESS	437 E. ATLANTIC BLVD., STE 4	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOSTER, HOWARD F.	
STREET ADDRESS	437 E. ATLANTIC BLVD., STE 4	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, HOWARD F.	
STREET ADDRESS	4350 N.W. 43RD ST.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, HOWARD F.	
STREET ADDRESS	4350 N.W. 43RD ST.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Howard Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00
Date

374-4038
Daytime Phone #

CR2E034 (9/99)